

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2
3 In the Matter of

4 **MOHAMMAD Z. QURESHI, M.D.**

5 Holder of License No. 8269
6 For the Practice of Medicine
In the State of Arizona.

Case No. MD-07-0979A

**CONSENT AGREEMENT FOR
PROBATION**

7 **CONSENT AGREEMENT**

8 By mutual agreement and understanding, between the Arizona Medical Board
9 ("Board") and Mohammad Z. Qureshi, M.D. ("Respondent"), the parties agreed to the
10 following disposition of this matter.

11 1. Respondent has read and understands this Consent Agreement and the
12 stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement").
13 Respondent acknowledges that he has the right to consult with legal counsel regarding
14 this matter and has done so or chooses not to do so.

15 2. By entering into this Consent Agreement, Respondent voluntarily
16 relinquishes any rights to a hearing or judicial review in state or federal court on the
17 matters alleged, or to challenge this Consent Agreement in its entirety as issued by the
18 Board, and waives any other cause of action related thereto or arising from said Consent
19 Agreement.

20 3. This Consent Agreement is not effective until approved by the Board and
21 signed by its Executive Director.

22 4. The Board may adopt this Consent Agreement or any part thereof. This
23 Consent Agreement, or any part thereof, may be considered in any future disciplinary
24 action against Respondent.

25


1 5. This Consent Agreement does not constitute a dismissal or resolution of other
2 matters currently pending before the Board, if any, and does not constitute any waiver,
3 express or implied, of the Board's statutory authority or jurisdiction regarding any other
4 pending or future investigation, action or proceeding. The acceptance of this Consent
5 Agreement does not preclude any other agency, subdivision or officer of this State from
6 instituting other civil or criminal proceedings with respect to the conduct that is the subject
7 of this Consent Agreement.

8 6. All admissions made by Respondent are solely for final disposition of this
9 matter and any subsequent related administrative proceedings or civil litigation involving
10 the Board and Respondent. Therefore, said admissions by Respondent are not intended
11 or made for any other use, such as in the context of another state or federal government
12 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
13 any other state or federal court.

14 7. Upon signing this agreement, and returning this document (or a copy thereof) to
15 the Board's Executive Director, Respondent may not revoke the acceptance of the
16 Consent Agreement. Respondent may not make any modifications to the document. Any
17 modifications to this original document are ineffective and void unless mutually approved
18 by the parties.

19 8. If the Board does not adopt this Consent Agreement, Respondent will not
20 assert as a defense that the Board's consideration of this Consent Agreement constitutes
21 bias, prejudice, prejudgment or other similar defense.

22 9. This Consent Agreement, once approved and signed, is a public record that will
23 be publicly disseminated as a formal action of the Board and will be reported to the
24 National Practitioner Data Bank and to the Arizona Medical Board's website.
25

1 10. If any part of the Consent Agreement is later declared void or otherwise
2 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in
3 force and effect.

4 11. Any violation of this Consent Agreement constitutes unprofessional conduct
5 and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order,
6 probation, consent agreement or stipulation issued or entered into by the board or its
7 executive director under this chapter") and 32-1451.

8
9 

10 MOHAMMAD Z. QURESHI, M.D.

Dated: 8/20/08

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 8269 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-07-0979A after receiving a complaint regarding Respondent's care and treatment of a forty-one year-old female patient ("KM").

4. On October 3, 2005, KM was referred to Respondent by her primary care physician for an initial pain management consultation. KM reported right-sided lower back, buttock and radiating posterior thigh pain. Respondent's clinical impression was post traumatic myofascial pain of the paravertebral muscles causing right intercostal neuralgia, right lumbar neuralgia, right sciatica, right hip enthesopathy with lateral femoral neuralgia and trigger point at the insertion of the iliopsoas muscle into the right groin. Respondent recommended multiple nerve blocks and performed twenty-two distinct injection procedures on six dates using the standard mixture of Lidocaine with Epinephrine and on three occasions using Depomedrol (an anti-inflammatory steroid) and Toradol (a nonsteroidal anti-inflammatory). Depomedrol and Toradol are duplicative injections and were not medically rational for KM's pain. Additionally, Toradol is contraindicated for intrathecal or epidural administration due to its alcohol content.

5. On October 10, 2005, KM presented to Respondent's office and completed a pain diagram identifying localized right lower buttock pain and posterior thigh pain. Respondent performed T11 and T12 intercostal nerve blocks, right lateral femoral nerve block and right sciatic nerve block. Respondent used 30 ml standard mixture of Lidocaine with Epinephrine and 0.4 mg Depomedrol and 0.3 mg Toradol. The intercostal nerve blocks were inappropriately performed at multiple injection sites and in an anatomically

1 irrational and inaccurate manner. Additionally, there was no medical rationale for these
2 injections as KM did not complain of ongoing or spontaneous pain in the distribution of
3 those nerves.

4 6. On October 24, 2005, KM presented to Respondent's office and completed a
5 pain diagram identifying localized lower back pain to the right of midline, right hip and
6 buttock pain and right posterior thigh pain. Respondent performed right iliohypogastric and
7 ilioinguinal nerve blocks, right sciatic nerve block and right lateral femoral nerve block.
8 Respondent used 40 ml standard mixture of Lidocaine with Epinephrine and 0.4 mg
9 Depomedrol and 0.3 mg Toradol. The iliohypogastric and ilioinguinal nerve blocks were
10 inappropriately performed at multiple injection sites and in an anatomically irrational and
11 inaccurate manner. Additionally, there was no medical rationale for these injections as KM
12 did not complain of ongoing or spontaneous pain in the distribution of those nerves.

13 7. On October 31, 2005, KM presented to Respondent's office and completed a
14 pain diagram identifying right buttock and radiating lateral lower extremity pain.
15 Respondent performed right T11 and T12 intercostal nerve blocks by injecting two
16 different sites at the 11th rib and three different sites at the 12th rib and right lumbar
17 paravertebral blocks at L1, L2 and L3. Respondent used again used the standard mixture
18 of Lidocaine with Epinephrine, Depomedrol and Toradol. The intercostal nerve blocks
19 were inappropriately performed at multiple injection sites and in an anatomically irrational
20 and inaccurate manner. Additionally, there was no medical rationale for these injections as
21 KM did not complain of ongoing or spontaneous pain in the distribution of those nerves.

22 8. On November 29, 2005, KM reported that following the nerve block injection
23 on October 31, 2005, she had left facial numbness and neck pain that persisted for one
24 month. Respondent noted that this was an allergy to Toradol or Lidocaine and instead
25 used Marcaine.

1 9. On January 16, 2006, KM completed a pain diagram identifying right-sided
2 lower back, buttock and posterolateral thigh pain. Respondent performed a right T11 and
3 T12 intercostal nerve blocks, right L4 and L5 paravertebral blocks and right sciatic nerve
4 block. Prior to the procedure, KM became apprehensive; therefore, Respondent
5 administered 2mg intramuscular of Versed for anxiety five minutes prior to the procedure.
6 The desired effect of Versed is not appreciated within five minutes of intramuscular
7 injection. Additionally, intramuscular pre-medication administered minutes prior to a
8 procedure are unlikely to have the intended benefit of anxiolysis and analgesia due to the
9 delayed time to peak activity. During the procedure, KM was very uncomfortable;
10 therefore, Respondent administered another 1 mg of Versed intramuscularly. The
11 intercostal nerve blocks were inappropriately performed at multiple injection sites and in an
12 anatomically irrational and inaccurate manner. Additionally, there was no medical rationale
13 for these injections as KM did not complain of ongoing or spontaneous pain in the
14 distribution of those nerves.

15 10. On January 23, 2006, KM completed a pain diagram identifying right anterior
16 thigh and right lower back, buttock and lateral thigh pain. Respondent performed right T11
17 and T12 intercostal nerve blocks, right sciatic nerve block and right lumbar plexus block at
18 L3. The intercostal nerve blocks were inappropriately performed at multiple injection sites
19 and in an anatomically irrational and inaccurate manner. Additionally, there was no
20 medical rationale for these injections as KM did not complain of ongoing or spontaneous
21 pain in the distribution of those nerves. Further, a lumbar plexus block is reserved for
22 regional anesthesia for hip, anterior thigh and knee surgery; post-operative analgesia and
23 analgesia for severe acute injury to those areas. There is no accepted routine use for
24 management of chronic pain or the various diagnoses listed by Respondent.
25

1 11. On February 6, 2006, KM completed a pain diagram identifying midline lower
2 back and right buttock and posterior thigh pain. Respondent documented he performed a
3 right lumbar plexus block at L5. However, Respondent's notes did not describe the
4 anatomic or technical approach to the lumbar plexus. Rather, it described a transforaminal
5 epidural steroid injection. Specifically, Respondent indicated that the target site was the
6 intervertebral foramen, and that steroid was injected at that site. Additionally, Respondent
7 indicated that the resultant complication of inadvertent spinal anesthesia was a
8 complication of an intended epidural injection and noted the risk of inadvertent dural
9 puncture for an epidural injection and not for lumbar plexus block. Following the
10 procedure, KM complained of numbness. Respondent suspected an inadvertent
11 subarachnoid block. The level of spinal anesthesia rose to T1 and KM was given oxygen,
12 ventilation, and an intravenous line was established. Respondent contacted the
13 paramedics; however, the level of anesthesia receded and KM began breathing
14 spontaneously and remained stable.

15 12. Subsequently, KM was transferred to the hospital for observation. Hospital
16 records indicated KM was admitted to the intensive care unit for an inadvertent
17 subarachnoid block following an intended epidural steroid injection. KM was unable to
18 move her lower extremities and was admitted for respiratory depression. On February 8,
19 2006, KM was discharged.

20 13. The standard of care for nerve blocks and therapeutic injections for pain
21 management requires a physician to perform it in a technically precise and anatomically
22 rational manner and to provide evidence of any diagnostic or therapeutic purpose.

23 14. Respondent deviated from the standard of care because he did not perform
24 the iliohypogastric, ilioinguinal and intercostal nerve blocks in a technically precise and
25

1 anatomically rational manner and he did not have evidence of any diagnostic or
2 therapeutic purpose to perform the lumbar plexus block.

3 15. The standard of care requires that the injectate for therapeutic injections be
4 medically rational and not contraindicated.

5 16. Respondent deviated from the standard of care by injecting a mixture of both
6 anti-inflammatory steroid (Depomedrol) and non-steroidal anti-inflammatory (Toradol) on
7 three dates as this was duplicative and was not rational.

8 17. The standard of care requires that pre-medication prior to a procedure be
9 rational, based on the needs of the patient, the nature of the procedure, and the
10 pharmacology of the medication. Intramuscular pre-medication administered minutes prior
11 to a procedure is unlikely to have the intended benefit of anxiolysis and analgesia during
12 the procedure, due to the delayed time to peak activity.

13 18. Respondent deviated from the standard of care by administering
14 intramuscular Versed for anxiety five minutes prior to beginning the procedure when the
15 desired anxiolytic effect of Versed would not be appreciated within five minutes of
16 intramuscular injection.

17 19. KM suffered inadvertent spinal anesthesia with temporary
18 paralysis/paraparesis. Inadvertent spinal anesthesia and associated respiratory
19 depression occurred as a complication of an unwarranted procedure by Respondent
20 resulting in hospitalization. Although the inadvertent dural puncture that occurred would
21 not have been prevented by fluoroscopy, the dural puncture resulted in the additional
22 complication of spinal anesthesia as a result of Respondent using large volumes of local
23 anesthesia. KM continued to report anxiety during the procedure. With each unnecessary
24 duplicative intercostal injection at the same level, the risk of pneumothorax and/or
25

1 intravascular injection was increased. Neurologic injury including paraplegia is a
2 complication of transforaminal epidural steroid injection.

3 20. Respondent admits to the acts described above and that they constitute
4 unprofessional conduct pursuant to A.R.S. §32-1401(27)(q) ("[a]ny conduct that is or might
5 be harmful or dangerous to the health of the patient or the public.") and A.R.S. §32-
6 1401(27)(ll) ("[c]onduct that the board determines is gross negligence, repeated
7 negligence or negligence resulting in harm to or the death of a patient.").

8 21. Respondent has not engaged in pain management related injection therapy
9 since October 22, 2007.

10 **CONCLUSIONS OF LAW**

11 1. The Board possesses jurisdiction over the subject matter hereof and over
12 Respondent.

13 2. The Board possesses statutory authority to enter into a consent agreement
14 with a physician. A.R.S. § 32-1450(F).

15 **ORDER**

16 IT IS HEREBY ORDERED THAT Respondent is placed on probation for as long as
17 he maintains licensure with the Board with the following conditions:

18 1. Respondent's practice is restricted in that he shall not perform pain
19 management related injection therapies. Respondent may petition the Board for
20 termination of probation upon successful completion of a Physician Assessment and
21 Clinical Education Program evaluation of his global fund of knowledge in anesthesia, with
22 specific emphasis in peripheral nerve blocks and upon demonstrating he has complied
23 with the recommendations of the evaluation and further demonstrating to the Board that he
24 is competent to resume pain management injection therapies.

25 2. Respondent shall obey all federal, state and local laws and all rules

governing the practice of medicine.

3. In the event Respondent should leave Arizona to reside or practice outside the State of for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the date of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona will not apply to the reduction of the probationary period.

DATED and effective this 9th day of October, 2008.

ARIZONA MEDICAL BOARD



By:


Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed
this 9th day of October, 2008 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed
this 9th day of October, 2008 to:

Stephen Myers
Myers & Jenkins
One East Camelback Road, Suite 500
Phoenix, AZ 85012

///



1 EXECUTED COPY of the foregoing mailed
2 this 24 day of October, 2008 to:

3 Mohammad Z. Qureshi, M.D.
4 Address of Record

5 
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
Investigational Review